

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

1057072

01-14-09

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		1				
8		1				
9		2				
10		2				
11		2				
12		4				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19	1					
20		1				
21		1				
22		1				
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33		1				
34	1					
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1.4				
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	67					
TOTAL CLAIMS	72					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						